

**Study ID .....**

**A. There are three sets of questions we would like you to answer over the next 6 pages. Please read the instructions for each set of questions.**

**Today's date:**.....

**1. What is your name?**  
.....

**2. What is your relationship to the person in this study?**

*Please tick one box*

- Husband/wife/partner.....   
Brother/sister.....   
Son/daughter.....   
Another relative (please specify in the box below).....

.....

- A friend.....   
A paid carer.....   
Any other (please specify in the box below).....

.....

**3. What is your age?**  
.....

**4. Do you live with the the person in this study?**

*Please tick one box*

- Yes.....   
No.....

**5. Are you**

*Please tick one box*

- in regular paid employment?.....   
unemployed?.....   
a student?.....   
retired?.....

**6. How many hours per day, on average, do you give physical care to the person in this study?** .....

**7. How many hours per day, on average, do you need to give supervision to the person in this study?** .....

**8. Does the person you care for have any unpaid carers (apart from yourself)?**

*Please tick one box*

Yes.....   
No.....

**C. There is a list below of things which other people have found to be difficult when helping someone who has an illness. We would like to know if any of these apply to you OVER THE LAST FEW WEEKS. Please answer ALL the questions by putting a tick in the box which you think most clearly applies to you.**

**1. Sleep is disturbed (for example: because the person you care for is in and out of bed or wanders around at night)**

*Please tick one box*

Yes.....   
No.....

**2. It is inconvenient (for example: because helping takes so much time or it's a long drive over to help)**

*Please tick one box*

Yes.....   
No.....

**3. It is a physical strain (for example: because of lifting in and out of a chair; effort or concentration is required)**

*Please tick one box*

Yes.....   
No.....

**4. It is confining (for example: helping restricts free time or cannot go visiting)**

*Please tick one box*

Yes.....   
No.....

**5. There have been family adjustments (for example: because helping has disrupted my routine; there has been no privacy)**

*Please tick one box*

Yes.....   
No.....

**6. There have been changes in personal plans (for example: I had to turn down a job; could not go on vacation/holiday)**

*Please tick one box*

Yes.....

No.....

**7. There have been other demands on my time (for example: from other family members)**

*Please tick one box*

Yes.....

No.....

**8. There have been emotional adjustments (for example: because of severe arguments)**

*Please tick one box*

Yes.....

No.....

**9. Some behaviour is upsetting (for example: because of incontinence; the person you care for has trouble remembering things; or the person you care for accuses people of taking things)**

*Please tick one box*

Yes.....

No.....

**10. It is upsetting to find the person you care for has changed so much from his/her former self (for example: he/she is a different person than he/she used to be)**

*Please tick one box*

Yes.....

No.....

**11. There have been work adjustments (for example: because of having to take time off)**

*Please tick one box*

Yes.....

No.....

**12. It is a financial strain**

*Please tick one box*

Yes.....

No.....

**13. Feeling completely overwhelmed (for example: because of worry about the person you care for; concerns about how you will manage)**

*Please tick one box*

Yes.....

No.....

**D. This set of questions are general questions about how YOUR health is at the moment. Please indicate which statement best describes your own health state TODAY by placing a tick in ONE box for EACH SECTION.**

**1. Mobility**

*Please tick one box*

- I am confined to bed.....
- I have some problems in walking about.....
- I have no problems walking about.....

**2. Self care**

*Please tick one box*

- I am unable to wash or dress myself.....
- I have some problems in washing or dressing.....
- I have no-problems with looking after myself.....

**3. Usual activities (e.g. housework, leisure, family)**

*Please tick one box*

- I am unable to perform my usual activities.....
- I have some problems performing my usual activities.....
- I have no problems performing my usual activities.....

**4. Pain / Discomfort**

*Please tick one box*

- I have no pain or discomfort.....
- I have moderate pain or discomfort.....
- I have extreme pain or discomfort.....

**5. Anxiety / Depression**

*Please tick one box*

- I am not anxious or depressed.....
- I am moderately anxious or depressed.....
- I am extremely anxious or depressed.....

**E. We should like to know if you have had any medical complaints and how your health has been in general, OVER THE LAST FEW WEEKS. Please answer ALL the questions by putting a tick in the box which you think most clearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.**

**Have you recently.....**

**1. Been able to concentrate on whatever you're doing?**

*Please tick one box*

- Better than usual.....
- Same as usual.....
- Less than usual.....
- Much less than usual.....

**2. Lost much sleep over worry?**

*Please tick one box*

- Not at all.....
- No more than usual.....
- Rather more than usual.....
- Much more than usual.....

**3. Felt that you were playing a useful part in things?**

*Please tick one box*

- More so than usual.....
- Same as usual.....
- Less useful than usual.....
- Much less useful.....

**4. Felt capable of making decisions about things?**

*Please tick one box*

- More so than usual.....
- Same as usual.....
- Less so than usual.....
- Much less than usual.....

**5. Felt constantly under strain?**

*Please tick one box*

- Not at all.....
- No more than usual.....
- Rather more than usual.....
- Much more than usual.....

**6. Felt that you couldn't overcome your difficulties?**

*Please tick one box*

- Not at all.....
- No more than usual.....
- Rather more than usual.....
- Much more than usual.....

**7. Been able to enjoy your normal day-to-day activities?**

*Please tick one box*

- More so than usual.....
- Same as usual.....

Less so than usual.....	<input type="checkbox"/>
Much less than usual.....	<input type="checkbox"/>

<b>8. Been able to face up to your problems?</b>	<i>Please tick one box</i>
More so than usual.....	<input type="checkbox"/>
Same as usual.....	<input type="checkbox"/>
Less so than usual.....	<input type="checkbox"/>
Much less able.....	<input type="checkbox"/>

<b>9. Been feeling unhappy and depressed?</b>	<i>Please tick one box</i>
Not at all.....	<input type="checkbox"/>
No more than usual.....	<input type="checkbox"/>
Rather more than usual.....	<input type="checkbox"/>
Much more than usual.....	<input type="checkbox"/>

<b>10. Been losing confidence in yourself?</b>	<i>Please tick one box</i>
Not at all.....	<input type="checkbox"/>
No more than usual.....	<input type="checkbox"/>
Rather more than usual.....	<input type="checkbox"/>
Much more than usual.....	<input type="checkbox"/>

<b>11. Been thinking of yourself as a worthless person?</b>	<i>Please tick one box</i>
Not at all.....	<input type="checkbox"/>
No more than usual.....	<input type="checkbox"/>
Rather more than usual.....	<input type="checkbox"/>
Much more than usual.....	<input type="checkbox"/>

<b>12. Been feeling reasonably happy all things considered?</b>	<i>Please tick one box</i>
More so than usual.....	<input type="checkbox"/>
About same as usual.....	<input type="checkbox"/>
Less so than usual.....	<input type="checkbox"/>
Much less than usual.....	<input type="checkbox"/>